

THE *Canadian Hospital*

A Monthly Journal for Hospital Executives



Toronto, Can.

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July, 1932



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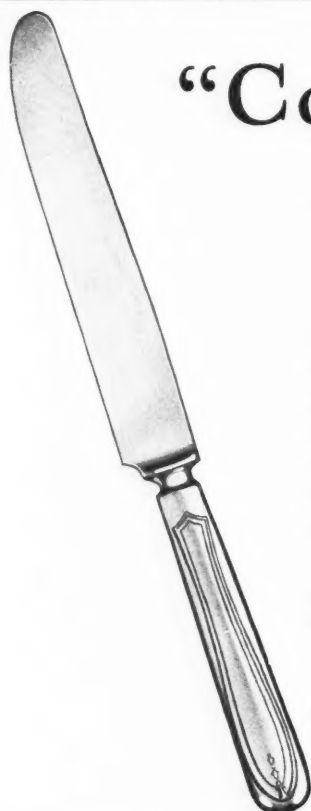
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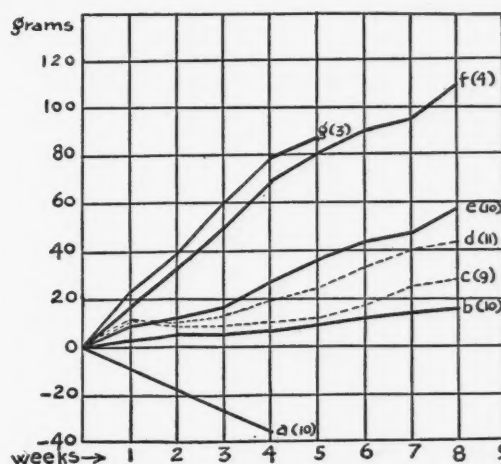


Chart from quoted article showing daily additions to the Vitamin B-free basal diet for laboratory rats: (a) none, (b) 0.6 gm. prepared bran, (c) 0.3 gm. raw bran, (d) 0.4 gm. raw bran, (e) 0.8 gm. prepared bran, (f) 1.6 gm. prepared bran, (g) 2.0 gm. prepared bran.

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*Wheat Bran as a Source of Vitamin B, by Rose, Vahlteich, Funnell and MacLeod, pages 369-374, J. Am. Dietetic Assn., March, 1932.

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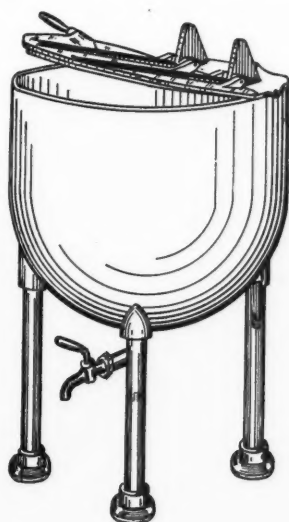
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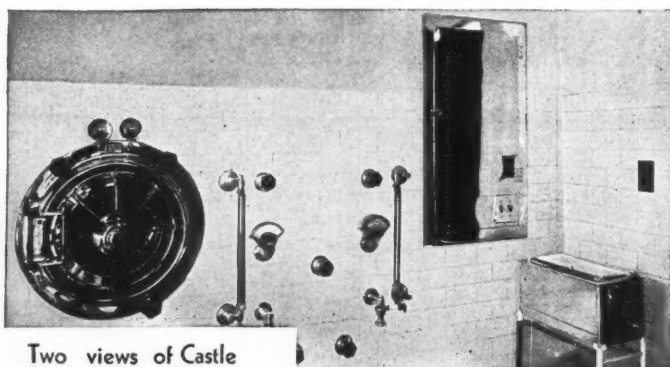
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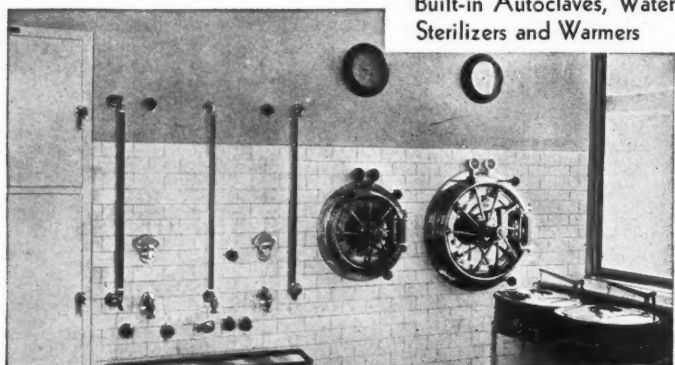
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Vol. 9

JULY, 1932

No. 7

Current Thought on Convalescent Care

WHEN the Board of Control of the City of Toronto recently demurred over the payment of a \$200,000 deficit incurred by seven Toronto hospitals to which the city sends patients, the Toronto Daily Star interviewed a number of prominent citizens intimately connected with hospital work.

Among them was Dr. Herbert Bruce, a distinguished Toronto surgeon who is credited with a remarkable knowledge of the inside workings of hospitals and who is conversant with their problems.

Dr. Bruce's remarks are especially significant in the light of an article by Dr. Harvey Agnew, Secretary of the Department of Hospital Service of the Canadian Medical Association and of the Canadian Hospital Council, entitled "The Inadequacy of Convalescent Facilities in Canada," which appears in this issue.

Dr. Bruce feels that a large percentage of public ward patients, especially the indigent patients sent to the hospital by the city, should not be there at all, but in a convalescent home. The opinion of this esteemed surgeon is covered in the following statements published by the Toronto Daily Star.

"Such a convalescent home, I am convinced," said Dr. Bruce, "could be inexpensively built and maintained. I am quite sure that it could be run so that patients could be maintained for \$1.00 a day, instead of more than \$3.00 which it now costs the hospital.

"Most of these patients are really chronic cases. They can get out of bed, can look after themselves in a great measure, and they don't need the nursing, the X-Ray and laboratory equipment and all the tremendous overhead that is necessary in an active hospital for acute cases.

"Taking these chronic cases to a convalescent home, where they should be, would free the hospitals to such an extent that they could look after a far larger population than Toronto has at present without any more additions to building and overhead," explained Dr. Bruce.

"In my opinion Toronto has a great need for a convalescent home where patients could be taken out of an active hospital at an early date. This would effect a tremendous saving to the hospitals and the city and should do away with deficits, which seem to be almost inevitable under present conditions with patients having to be cared for at less than cost."

That the question of convalescent care is being given more than usual attention is attested by the fact that a Round Table Conference on the subject was held at the recent convention of the Canadian Medical Association. Moreover, when the Ontario Hospital Association meets in the Fall, this will be one of the leading topics of discussion.



Prairie Provinces Form Conference of Catholic Hospital Association

REPRESENTATIVES of the three prairie provinces of Alberta, Manitoba and Saskatchewan met at St. Boniface Hospital, St. Boniface, Man., from May 15th to 17th, for the purpose of organizing the Prairie Conference of the Catholic Hospital Association, an organization similar in constitution, aims and affiliations as the previously existing Maritime and Ontario Conferences. The meetings were presided over by the Rev. Dr. A. Schwitalla, S.J., Dean of the faculty of St. Louis Medical School.

The following were elected to office: President, Rev. Mother Laberge, provincial superior of the Sisters of Charity, Edmonton General Hospital; First Vice-President, Sister Mary of Jesus, superior of Misericordia Hospital, Winnipeg; Second Vice-President, Sister Mary Clotilda, superior of Providence Hospital, Moose Jaw; Treasurer, Sister Mann, superior of St. Boniface Hospital; Secretary, Sister S. Albert, superintendent of nurses, St. Joseph's Hospital, Winnipeg.

"The Canadian Hospital Journal" takes this opportunity of welcoming this newest of hospital associations to an ever and stronger growing body of organizations whose avowed purpose of existence is the furtherance of humanitarian work as carried on within our hospitals and allied institutions. Any service this Journal can render to carry this new association's messages to similar organizations will be gladly undertaken.

"You degrade your daily work if you think of it only as that which earns your living. It is something more. Whether it be farming or carpentering . . . selling dry goods or carrying a hod of mortar, it is adding something to the comfort and happiness of other people, or else it is no fit work for an honest man."—George S. Merriam.



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International Hospital Association Offers Post Graduate Course in Hospital Technique

DR. RENE SAND, President of the International Hospital Association, has asked "The Canadian Hospital Journal" to announce that the Association will offer a post graduate course in hospital technique at Frankfurt from September 29th to October 8th, 1932. Headquarters will be the Municipal and University Hospital, Frankfurt. The enrolment fees are 30 marks for the full course, or 3 marks per single day. Applications should be addressed, preferably early in July, to Geheimrat Dr. Alter, 5, Moorenstrasse, Dusseldorf, Germany. The Municipal Hospital undertakes to find rooms for persons attending the course.

This is the first course of its kind, and will be given by experts from various countries. It should do much to foster international relations in the hospital field. The lectures comprising the course have been organized in accordance with the principle that professors should learn while they teach, and that students should teach while they learn. The lectures will last not longer than 45 minutes and will be featured by discussions and demonstrations.

The topics for discussion and study are as follows: Hospital Lighting and Ventilation, Sterilization and Disinfection; Physiotherapy, the Feeding of Patients and the Carrying of Meals in the Hospital; Linen, Laundry and Infected Linen; X-Rays and Radium in the Hospital; Errors in Hospital Construction and the Preventive Function of the Hospital.



C. Rufus Rorem Completes a Study of the Medical Care of Veterans

Michael M. Davis, Director for Medical Services of the Julius Rosenwald Fund, has recently furnished us with a copy of C. Rufus Rorem's memorandum entitled "Medical Care of the Veteran," originally prepared for the Fund, but now distributed among a limited group interested in this phase of hospitalization.

The Memorandum covers the Historical Development of the Care of the Veteran, Public Aspects of Existing Legislation, Effects of the Use of Non-Federal Hospitals and Practitioners Upon Amount of Medical Care for Veterans, Administrative Features of Private Hospitalization, Effects Upon Private Hospitals and Doctors, Comparative Costs and a Summary.

While Mr. Rorem's Memorandum deals with the hospitalization of veterans in the United States exclusively, those who study hospital problems *per se* will find "Medical Care of Veterans" enlightening and worthwhile.

"How much more delightful to an undebauched mind is the task of making improvements on the earth than all the vain glory that can be acquired from ravaging it by the most uninterrupted career of conquest."—George Washington.

Hospital Administrative Problems Are the Theme of Refresher Course for B.C. Nurses

By A. K. HAYWOOD, M.D.,
General Superintendent, Vancouver General Hospital.

A REFRESHER Course for graduate nurses, of particular interest because of its very practical nature, was organized by the Graduate Nurses Association of British Columbia, this being held in the teaching auditorium of the Vancouver General Hospital during the last week of February. It was my privilege to listen in on many of the papers and discussions, as well as taking a small part in this conference, and because of the consciousness of the weakness in our present systems, those who organized the course very wisely stressed ward teaching and ward management. These very important points of a nurse's hospital life were discussed at almost every session.

There is no doubt that courses of this nature are of the greatest value to the nursing profession. Those who took an active part in this Refresher Course were Dr. Geo. Weir and Dr. H. W. Hill, both of the University of British Columbia; Mrs. Wayland (nee Mary Marven), formerly of Columbia University, New York, and Dr. A. K. Haywood, General Superintendent of the Vancouver General Hospital.



DR. A. K. HAYWOOD.

Dr. Weir gave four lectures on teaching problems in schools of nursing and with his fund of information discussed many of the recommendations made in the recent survey report, these recommendations being based upon actual knowledge of existing conditions throughout the Dominion made possible by two years of the closest contact with the nursing situation in Canada. Dr. Hill's lecture was most timely and practical. The topic was Public Speaking and stressed some of the essential points which nurses should bear in mind when they are called upon to speak either publicly or before classes. He also dealt with procedures for the proper conduct of meetings.

Mrs. Wayland's lectures took the form of bedside clinics, class demonstrations and staff conferences, as well as discussions on the "case assigned method" vs. the "functional method" of carrying out ward planning. Dr. Haywood gave four lectures on the Principles of Hospital Administration. Naturally such a wide field could only be briefly touched upon, but emphasis was placed on the importance and value to the hospitals of such departments as the Emergency, Admitting Office, Information Desk and Telephone Exchange, pointing out the special qualifications of the personnel of such departments and the direct effect upon the public of the quality of the service rendered.

The hospital's responsibility to the community as an educational centre for the dissemination of health propaganda, teaching centre for interns and nurses, social service workers, dietitians and various post-graduate courses was outlined. Food services, laundry, fire protection, basic principles of hospital planning and construction were also touched upon.

The nursing sessions which had been carefully planned by Mrs. Wayland had a very direct effect in stimulating the responsibility of the staff nurses. It was a distinct privilege to listen to the lectures and discussions on ward management and ward teaching, as they were most practical and showed only too clearly the responsibilities of ward superintendents as managers and teachers—a fact which has long been recognized by hospital administrators and yet has been an old weakness of our present system, and showed conclusively that the nursing profession is giving a great deal of thought at the present time to this problem.

It is interesting to note that nearly 200 registered at this Refresher Course. These registrants came from all parts of the province, which clearly demonstrated the wide interest that was taken, and there is no doubt that this type of post-graduate work is of the greatest value in as much as those participating in the programme dealt with the daily problems which are common to all hospitals, whether large or small.

Magnificent New Infirmary at Nova Scotia Sanatorium Opened in April

By MARY L. BURCHER

THE new Infirmary at the Nova Scotia Sanatorium, Kentville, N.S., which has been in the course of construction since May, 1931, was opened for the reception of patients in April of this year. The construction of this building is part of a campaign to wipe out tuberculosis, which is being carried on by the Nova Scotia Department of Public Health under the direction of the Minister, the Hon. G. H. Murphy.

The building, which is devoted to the care and treatment of tuberculous patients, is the last word in sanatorium construction. The architect, Leslie R. Fairn, of Wolfville, planned a modern four-storey structure, which was constructed by M. A. Condon, of Kentville.

The infirmary has complete facilities for administration and for the care of patients. The ground floor contains the X-Ray apparatus, examining rooms, physicians' offices, waiting rooms and cubicles for patients. Provision has been made here for administering artificial pneumothorax, physio-therapy and artificial sunlight treatment. A dental examining room, nose and throat room, a room for holding autopsies, routine laboratory and fire-proof record storage departments are also located here. The diet kitchen is of the most modern type, being arranged for the scientific feeding of all the patients in the buildings, and is equipped with mechanical refrigeration, milk urns, dish sterilizers, and other necessary equipment. A corridor throughout the centre of this floor leads to a tunnel connecting the building with the present main building and the old infirmary.

Modern Facilities for the Practice of Tubercular Surgery

On the first floor are located the administration offices of the Sanatorium. Here, on either side of the main lobby, are the offices of the Medical Superintendent, Dr. A. F. Miller, the Business Manager, Mr. E. H. Munro, and Miss A. D. Allan, Superintendent of Nurses. In the lobby is the office of the information clerk, who has charge of the Sanatorium telephone exchange, and the radio, which has recently been installed. Two long distance phone booths are situated nearby. Facing the south are rooms for twenty patients. All the rooms, whether single, two-bed or three-bed wards, open on outdoor porches, which admit the maximum amount of sunlight and air. All porches are equipped with Donovan windows, which prevent the entrance of rain and snow and entirely eliminate draughts. Each room has a modern gatch bed offering the greatest possible comfort to the patient. By each bed is an electrical connection providing for heating pad, call for nurse, electric light and radio. At the rear of these rooms are located reception rooms, utility rooms, baths, service kitchen and the Matron's quarters.

An automatic elevator serves each floor. Near the elevator are the nurses' stations, and above each room door is an automatic light system for summoning the nurse to any particular ward.

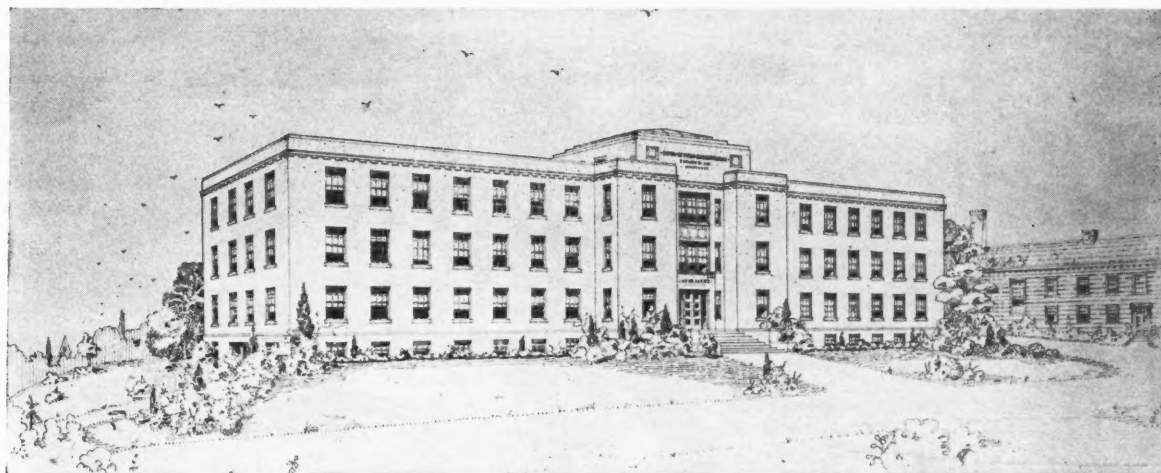
The second floor will accommodate thirty patients, the wards facing southeast, south and southwest, and contain the necessary utility rooms corresponding to the floor below. The third floor also provides for thirty patients; and in addition, contains an up-to-date operating room suitable for the performance of tubercular surgery. In this connection is a nurses' work-room, sterilizing room, anæsthetic room, wash-up room, doctors' reception room and library, all grouped about the operating room.

The fourth floor has been left in an unfinished state until additional money is available, when it will be used for doctors' quarters and for sunlight and air treatments.

The new Infirmary has a tile and stucco exterior. All cement floors in private and semi-private rooms and corridors are covered with Battleship linoleum. There are tile floors in sun porches and terrazza floors in the basement, except in the X-Ray department, the floor of which is covered with rubber tiling. Walls and ceilings are enamelled, with non-glare surfaces. The walls of utility



DR. A. F. MILLER,
Medical Superintendent, Nova Scotia
Sanatorium, Kentville, N.S.



Leslie R. Fairn, Architect.

The new Infirmary at the Nova Scotia Sanatorium, Kentville, N.S., adds 80 beds to the infirmary accommodation of the institution. The cost for each bed was \$2,000, exclusive of furnishings.

room, bathroom, lavatory, toilet, diet kitchen, sterilizing, operating and work rooms are covered with ceramic tile. The heating system is of the controlled type. Plumbing has been laid out economically and there is a complete ventilating system. All plumbing and heating piping is accessible and is carried in large tunnels beneath the basement floor. The elevator, stairways and corridors are of ample width to permit the easy passage of beds. A special feature of the building's construction are the stairways, which are very easy of ascent.

The Infirmary cost in the neighbourhood of \$200,000, the cost for each bed being \$2,000 without furnishings.

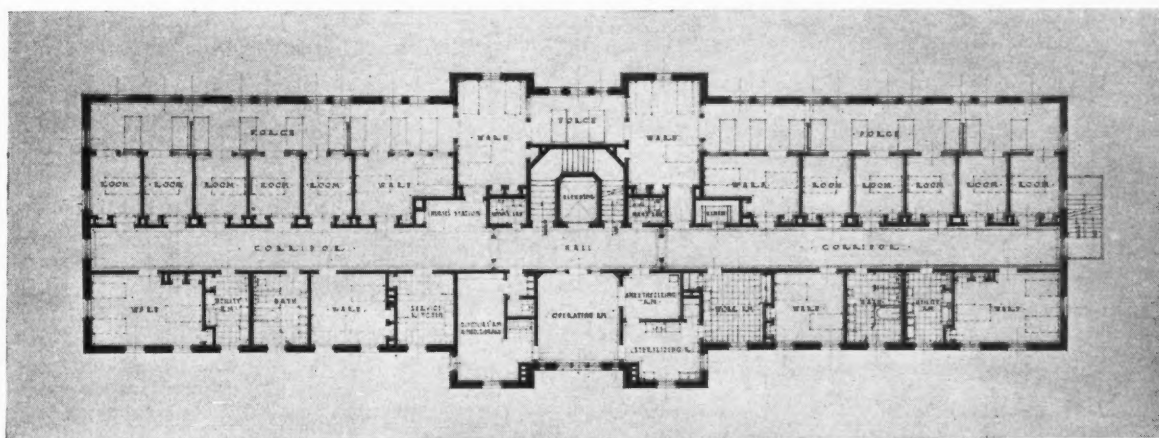
It is proposed to use the first floor as an observation centre for women patients who have been admitted to the Sanatorium. After being kept there for from two to four weeks for education and nursing purposes, they will be transferred to other quarters. The second and third

floors are devoted to strictly bed cases, special nursing and operative cases.

The capacity of the Nova Scotia Sanatorium is now 350 beds, the new Infirmary making 80 additional beds available. Of this number 190 are infirmary beds and 160 pavillion beds.

During the past year arrangements have been made with Dalhousie University whereby a three months' internship will be given at the Sanatorium for medical students in their final year. The opening of the new building and its increased facilities will undoubtedly enlarge the scope of their training.

Editor's Notes The author is indebted to "Health Rays," published by and on behalf of the patients of the Sanatorium, for much of the information contained in the above article.



The third floor, the layout of which is depicted above, accommodates 30 patients, and in addition contains an operating room and auxiliary services for the performance of tubercular surgery.

Internship Arranged for Graduates in Physiotherapy

THE second class to graduate in Physiotherapy from the University of Toronto received their diplomas from the hands of Sir Robert Falconer in Convocation Hall on June 2nd. The graduating class was addressed by Dr. Cody, who succeeds Sir Robert as President of the University, and the membership pins of the Canadian Association of Massage and Remedial Gymnastics were presented by the President of the Association, Miss E. Halley. The prize for General Proficiency was presented by Dr. W. E. Gallie, Honorary Vice-President of the Association.

Of the graduates whose photographs appear in the accompanying picture, Miss Joan Mudge, Miss Agnes Mark and Miss Joyce Burt, who graduated this year in Physiotherapy, are also graduates in Occupational Therapy.

The course in Physiotherapy offered by the Extension Department of the University of Toronto covers two years, this including practical work in the summer in affiliated hospitals. Internships of six months are arranged for graduates upon receiving their diplomas, and wherever possible they reside in the hospital. For those graduating this year, internships have been secured in Victoria Hospital, London, the Montreal General, Montreal, the Toronto Western Hospital, the Toronto General, the Hospital for Sick Children and St. Michael's Hospital, Toronto.

Upon graduation, these young ladies become members of the Canadian Association of Massage and Remedial Gymnastics. Of the eleven students who graduated last

year, it is encouraging to note that six have been placed through the Association. Miss Doris Sinclair has opened a Department of Physiotherapy at the Toronto East General Hospital; Miss Winnifred Pain is on the staff of St. John's Hospital, Toronto; Miss Rachel Blackhall is in charge of the Hydrotherapeutic Pool at the Hospital for Sick Children, Toronto; Miss Kathleen Woolley is on the Physiotherapy staff of the Children's Division of Victoria Hospital, London; Miss Jean Gordon has been added to the staff of the Children's Division at the University of Alberta Hospital, Edmonton, and Miss Constance Burch is in the Physiotherapy Department of the Workmen's Compensation Board. The remaining five graduates have taken up private practice.

The Canadian Association of Massage and Remedial Gymnastics was formed under Dominion Charter in 1920, with the following aims laid down in its constitution:—

1. To establish a uniform curriculum of studies of qualifications by means of a central examining body granting certificates of admission to membership of the Association.
 2. To provide a bureau of information and a central register available to the medical profession and to the general public.
 3. To promote active co-operation with the medical profession, the hospitals and universities of Canada.
- Members of this Association are distributed through—

(Continued on page 22)

The 1932 Graduates in Physiotherapy, University of Toronto



Top row, left to right: Rosalind Brewin, Joyce Burt, Marie Cole, Audrey Coleman and Isobel Dunn. Bottom row, left to right: Katherine Hobbs, Agnes Mark, Joan Mudge, Hannah Stern, Mary Walker and Anne Wood.

The Ontario Conference of the Catholic Hospital Association Holds Its First Convention

By MARY L. BURCHER

THE "baby" of our Canadian hospital associations in point of age, the Ontario Conference of the Catholic Hospital Association, held its first annual convention in Ottawa on April 5th, 6th and 7th. That it was a success is proven by the fact that while there are only thirty Catholic hospitals in the province of Ontario, there were more than 200 people in attendance. Delegates were present from every point in the province, and from Quebec as well. To have attracted hospital people from outside the province was nothing short of a feat!

The Convention was fittingly opened by Solemn High Mass in the Chapel of Ottawa University, where the sessions were held, and concluded by Benediction of the Blessed Sacrament. At the opening session, presided over by Dr. J. C. Woods, Ex-President of the Medical Staff, Ottawa General Hospital, greetings were offered on behalf of the city of Ottawa and the Catholic hierarchy. These were followed by the presidential address of Sister Madeleine of Jesus, and the report of the executive committee, presented by Sister M. Margaret.

Following a sociable luncheon, the delegates convened for the afternoon session, the general topic of which was "Organization and Administration," with Dr. Albert Charlebois, President of the Medical Staff, Ottawa General Hospital, in the chair. The four papers presented were as follows: "Preparation for Hospital Work," by Mr. M. R. Kneiff, Executive Secretary, Catholic Hospital Association of the United States and Canada; "Organization Work for Hospital Sisters," by Mother M. Pascal of St. Joseph's Hospital, London; "Administering the Hospital's Business," by Rev. G. Verreault, Auditor, Ottawa University, and "Improving Ward Teaching and Supervision," by Sister Felicitas, Superintendent of Nurses, St. Joseph's Hospital, North Bay. At the conclusion of the session a visit was made to Ottawa hospitals.

The Wednesday morning session, April 6th, was attended by members of the clergy and the Sisters. It was in the nature of a business meeting, with Sister Madeleine of Jesus in the chair. At its conclusion another get-together luncheon was tendered to the delegates.

The general topic of the afternoon session was "Nursing Education." Those taking part in the discussion and the topics of their papers were as follows: "Advantages of University Affiliations with Schools of Nursing," by the Very Rev. G. Marchand, Rector of Ottawa University; "Problems Common to Hospitals in Canada," by Dr. Harvey Agnew, Secretary, Department of Hospital Service, Canadian Medical Association; "The Nurse With Higher Education—Her Contribution to the Public and to Her Profession," by Sister Melanie, Superintendent of Nurses, St. Joseph's Hospital, Port Arthur, and "Psychology in Nursing," by Sister Campion, Record Librarian, Hotel Dieu Hospital, Kingston. A condensed report

of the much-discussed "Survey of Nursing Education in Canada" was given by Miss Isabelle McElroy, Night Supervisor, Ottawa General Hospital, this being discussed by Miss Juliette Robert.

After a trip through historic Ottawa, an enjoyable banquet was held at the Ottawa General Hospital. Those attending were favoured by short addresses from Col. Casgrain, President-Elect of the Ontario Hospital Association, Dr. J. L. Chabot and others.

At the Thursday morning session the election and installation of officers took place, some interesting resolutions were brought in and standing committees were appointed. Sister Madeleine was re-elected President, an office which she has held since the Ontario Conference of the Catholic Hospital Association was established last year. Other officers elected are as follows: First Vice-President, Sister Mary Dorothea, Sault Ste. Marie General Hospital; Second Vice-President, Sister St. Felicitas, St. Joseph's Hospital, North Bay; Third Vice-President, Sister St. George, Hotel Dieu Hospital, Cornwall; Secretary-Treasurer, Sister M. Margaret, St. Michael's Hospital, Toronto.

His Excellency Mgr. N. McNeil has consented to become Honorary President, and His Excellency Mgr. G. Forbes, the Honorary Vice-President of the Conference.

It is always interesting to see what convention papers bring to light. Miss McElroy's paper on the nursing situation made reference to the number of hours student nurses are on duty. She stated that a questionnaire sent out to some 1,336 student nurses brought the reply from most of them that they considered their hours too long. They found it impossible to devote the proper amount of time to study, and also found that after too long hours they did not have the energy needed to efficiently attend to their patients. Miss Juliette Robert, who led the discussion on Miss McElroy's paper, stated that all nursing groups are willing and anxious to co-operate in bringing about improvements in nursing schools.

Sister Melanie, in considering higher education, stated that chemistry, physiology and nutrition should be chief among the subjects studied. In her paper on "Psychology in Nursing" Sister Campion suggested that a student nurse would do well to study her own personality in an effort to be better able to study the personality of a patient. Psychology is invaluable in enabling a nurse to handle her charges with a minimum of trouble, she said, and in many cases a mental state conducive to a more rapid recovery in the patient may be brought about by its use. While dealing with the subject of comprehensive finance in his paper, Dr. Harvey Agnew stated that hospitals are accused of overcharging "when they are merely the victims of inadequate legislation and a dormant public conscience." He expressed the belief that a standard system of accounting in all hospitals would result in more

(Continued on page 34)

The Inadequacy of Convalescent Facilities in Canada

By HARVEY AGNEW, M.D.,
Secretary, Department of Hospital Service,
Canadian Medical Association.

AS our provisions for preserving the health of our citizens develop and as we realize more and more our responsibilities to others less fortunate, it becomes evident that our various communities must consider much more seriously than in the past the provision of facilities for convalescent care. Because of economic pressure patients leave the hospitals before they are ready to resume work; living, as the majority of urban people do, in small houses or apartments, it is impossible to get rest, simple nursing and fresh air at home; and for the vast majority of our fellows, trip to the sea, or the mountains, or to the balmy south is out of the question. Therefore our largest communities at least should have some provision, preferably in the country, where convalescent patients can get rest and quietness, good food, fresh air, recreation, with a minimum of domestic worry and at a cost, if any, commensurate with their pocketbook.

A second major reason for the establishment of convalescent hospitals is that, in normal times at least, the general hospitals are overtaxed, especially in the cheaper wards, and enlargements to these institutions might be reduced or avoided were the non-acute cases treated elsewhere. Recently an interesting survey was made of the public ward patients in Toronto by a Convalescent Study Committee, directed by Miss L. Gamble, and it was found on a one-day checkup that of 1426 public ward patients, 34 per cent (491 patients) properly belonged elsewhere in this proportion:

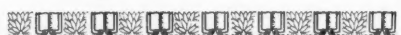
- 19 per cent—convalescent
- 8 per cent—chronically ill
- 5 per cent—incurable
- 2 per cent—tuberculosis

Convalescent Care in Canada

Convalescent provision in Canada is very inadequate. There are listed some twenty convalescent hospitals or homes with a total of but 519 beds. Some of these listed are mere rest homes. The Thistletown Branch of the Hospital for Sick Children, Toronto, with 112 beds, is the outstanding civilian convalescent unit in Canada at present, although the Montreal Convalescent Home is planning an excellent 103-bed hospital in the immediate future. L'Hôpital St. Joseph des Convalescentes in Montreal, the 50-bed Convalescent Hospital of Winnipeg, the Hillcrest Convalescent Home of Toronto and the Glen



Canada has only 20 convalescent hospitals and homes with a total of but 519 beds. This is manifestly inadequate, for it is estimated that convalescent provision should be 10 to 14 per cent of the general hospital beds. From the viewpoint of economical operation one large convalescent hospital drawing patients from several general hospitals is considered preferable to a number of small independent convalescent hospitals, with children's units the exception to this general observation.



Hospital of Vancouver, are other well-known institutions. Deer Lodge at Winnipeg, maintained by the Federal Government for war veterans, is perhaps our best equipped convalescent unit.

What Convalescent Provision Should Be Made?

This might be considered under several headings, for it should be realized that a real convalescent home is much more than a glorified farm house.

(1) *What patients should be provided for?* Patients most needing convalescent care are those recovering from major operations, from pneumonia, influenza and other debilitating infections, from exacerbations of cardiac and circulatory disease, or other chronic debilities, from arthritis, fractures and other from childbirth and patients suffering from weakness, from anaemia, from neurasthenia, or from emaciation.

The custom in so many convalescent homes, especially in certain private ones, of excluding patients who are partially bedridden, who require dressings, who require more than a bare minimum of nursing oversight, or who require special diets, laboratory checkups or physio-therapy may be essential financially, but it should be emphasized that such practice does not meet community needs.

(2) *How many beds should be available?* This depends upon the needs of the community and, in any case, provision should not be too far ahead of public education. It is estimated that convalescent provision should be ten to fourteen per cent of the general hospital beds.

(3) *Type of Accommodation.* A rural site is preferred, although from the viewpoint of overhead expense it is more economical to operate a convalescent unit as a wing or annex of a general hospital. Grounds should be ample and motor and trolley transportation should be satisfactory.

Buildings should be not over two storeys in height and should be fireproof. Accommodation should be largely of one and two-bed rooms; no ward should exceed four beds in size. Ample solarium and sitting rooms should be provided. Open porches for sunbathing should be well protected from winds.

(4) *Recreational Facilities.* Outdoor facilities should include wooded walks, bowling, tennis, perhaps a small golf course; group games are advisable to break down a

temporary shyness following illness. Indoors there should be a good library, facilities for music, cards, movies or still pictures, and a room large enough for general assemblies.

(5) *Occupational Therapy.* The Burke Foundation and other leading convalescent institutions have found this a most valuable restorative measure.

(6) *Physiotherapy.* Few convalescent hospitals have made adequate use of physical therapy as a means of hastening convalescence. Without doubt as more financial assistance becomes available these facilities under proper supervision will be developed.

(7) *Nursing Supervision.* While this does not need to be extensive it should be more adequate than that available in most convalescent homes under private management. At Thistletown for 112 patients six graduate nurses (plus three supervisors) are sufficient. Nursery nurses and maids and other personnel bring the total to 49. At Burke Foundation the ratio is one personnel to three patients.

(8) *Medical Supervision.* This is most desirable. There should be a medical committee or advisory board, and if possible a resident should be employed.

Cost of Construction and Maintenance

By eliminating or curtailing the operating room facilities, X-Ray and pathological laboratories, etc., it is possible to exercise definite economies. But this does not mean that adequate convalescent provision can be provided for a mere bagatelle. Most of the better units on this continent have cost \$3,000 or more per bed. The

Thistletown unit averages out at approximately \$5,800 per bed, but it should be pointed out that this 112-bed hospital has a maintenance plant adequate to provide meals, heating, etc., for 350 patients. The Montreal Convalescent Home hopes to get a 103-bed unit for \$210,000.

Maintenance costs of well known convalescent hospitals range from \$1.43 per diem to \$4.17 per diem (St. Luke's Convalescent Unit at Greenwich, Conn.). Averages indicate that reasonably adequate facilities can be maintained for approximately two dollars. However, as more complete service is given, there is little doubt but that costs will rise.

Survey of Community Needs

The first step in arranging for convalescent care in any community is to ascertain the actual need for this provision. For this purpose a *survey* should be made with the co-operation of the hospitals and medical practitioners. Then the *support* of the convalescent hospital should be ascertained. Will this hospital operate under independent and private auspices? Will it be supported by a group of local hospitals or by one general hospital alone? Will it be operated as a municipal institution? Can sufficient private philanthropy be obtained? What municipal and provincial grants can be anticipated?

From the viewpoint of economic operation, one large convalescent hospital, drawing patients from several general hospitals, is preferable to a larger number of smaller convalescent hospitals operating independently. Children's units, which are better by themselves, constitute an exception to this general observation.

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Here are facts . . . Use them in quizzing anyone who tries to tempt you with high claims and low prices.

When tested according to the official U. S. Food and Drug Administration method, chlorine antiseptics lose 95%, and more, of their potency in the presence of organic matter (serum) . . . But "Lysol" retains practically its full germ-

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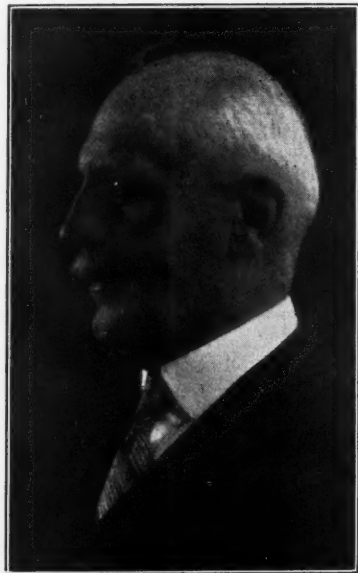
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*Superintendent, Notre Dame Hospital,
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Hospital Association Meeting in Nova Scotia

Rev. H. G. Wright of Inverness was elected president of the Nova Scotia and Prince Edward Island Hospital Association at their fourth annual meeting, held at Bridgewater, N.S., on June 15th, succeeding L. D. Currie of Glace Bay, who had served for two years.

Other officers elected as follows:

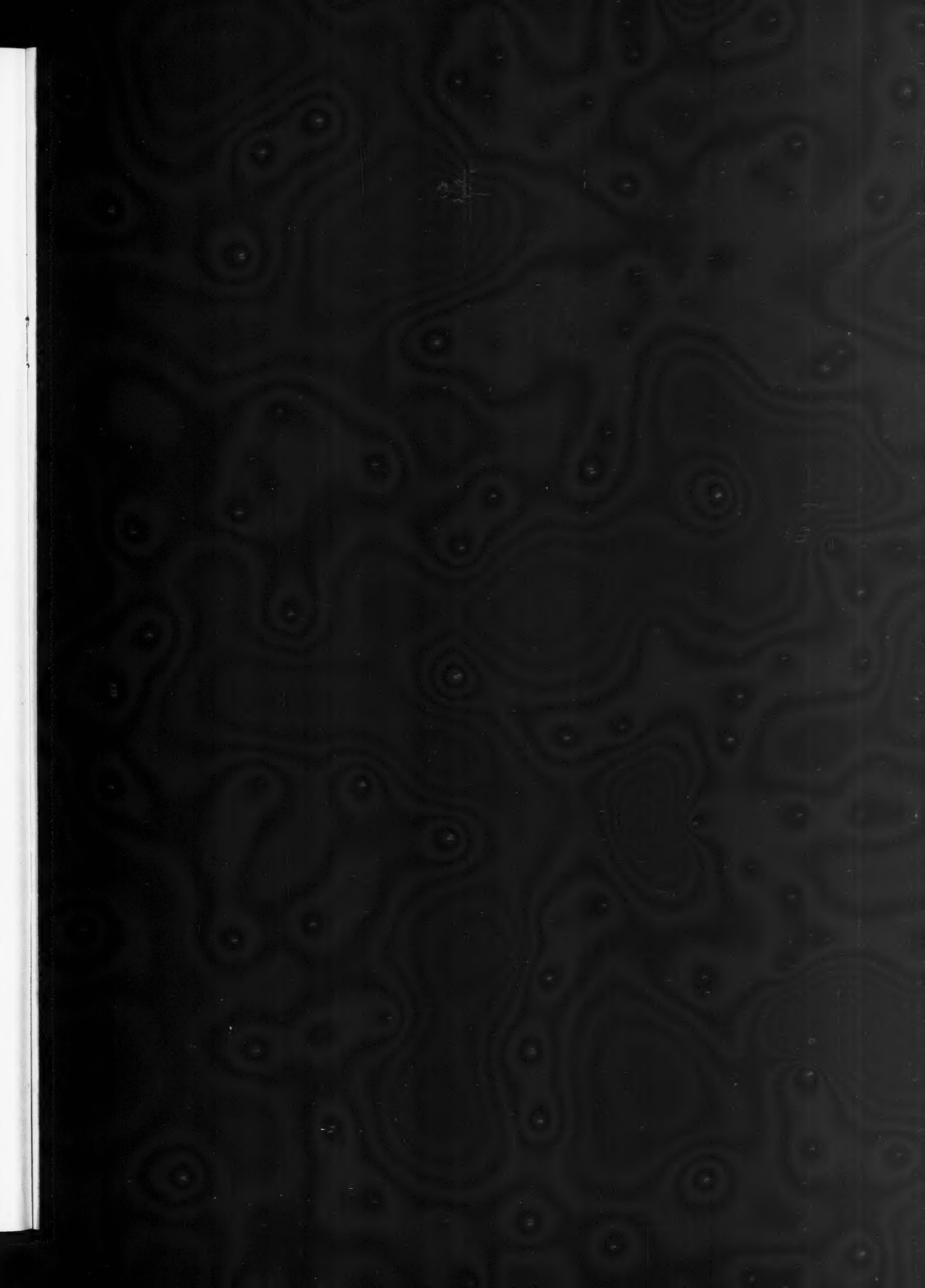
First vice-president, Rev. Mother Ignatius, Antigonish; second vice-president, James Brignell, Bridgewater; secretary-treasurer, Miss Ann Slattery, Windsor; executive: Miss M. MacMillan, Glace Bay; Mrs. P. M. Fielding, Windsor; Miss V. Gengston, Wolfville; Dr. H. L. Scammell, Halifax; Miss Marcia Monk; Yarmouth; Rev. J. R. McDonald, Antigonish; Sister Ann Seeton, Antigonish; A. McColl, New Glasgow.

Dr. J. G. McDougald of Halifax and L. D. Currie were elected honorary presidents. Dr. Scammell was elected an honorary member.

A roundtable conference on "problems of hospital work" was led by Dr. G. H. Agnew of Toronto and Dr. Harold L. Scammell, Assistant Superintendent of Victoria General Hospital, Halifax.

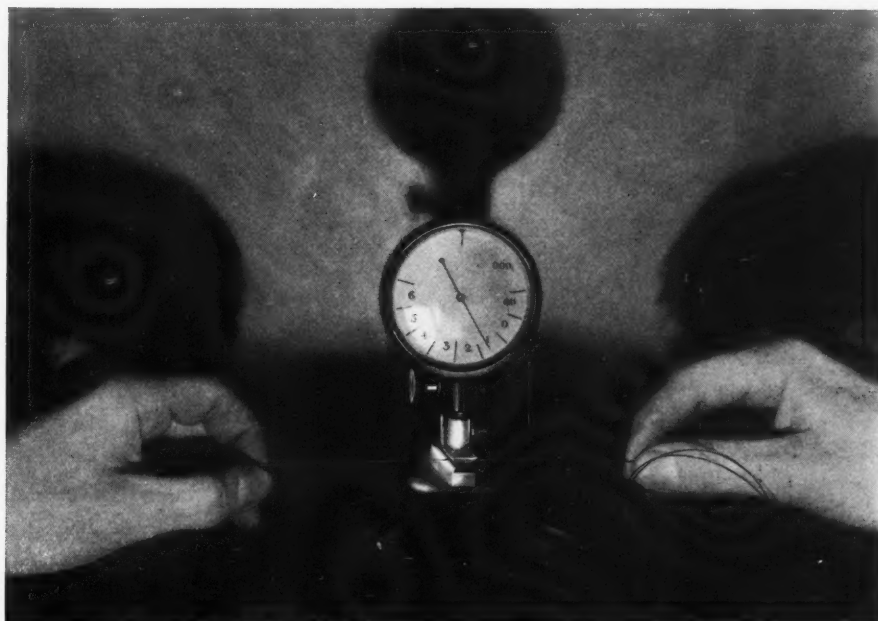
NEW GLASGOW, N.S.—Miss Marian Boa, of Montreal, who has been Superintendent of Aberdeen Hospital for the past year, has tendered her resignation, which will go into effect the third week in June.

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ARE ACCURATE IN SIZE.



OVERSIZED and inaccurately gauged sutures are misleading to the operator and sometimes cause post-operative difficulties. In the laboratories of Davis & Geck, Inc. precision methods of gauging sutures have always been employed. Uniformity is assured by calibrating each strand at three points, and the size is accurately stated on each label.

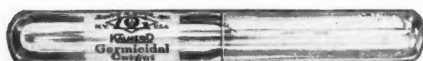
D&G Kalmerid Catgut is prepared in two varieties: Non-boilable and Boilable. Both are heat sterilized, are strong, and embody all the essentials of the perfect suture. The non-boilable variety is particularly recommended to those desiring a heat sterilized suture of extreme flexibility.

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Kalmerid Catgut

GERMICIDAL. Exerts a bactericidal action in the suture tract. Supersedes the older unstable iodized sutures. Impregnated with the double iodine compound, potassium-mercuric-iodide. †Heat sterilized.



The boilable grade is unusually flexible for boilable catgut; the non-boilable grade is extremely flexible.

TWO VARIETIES

BOILABLE*	NON-BOILABLE
NO.	EXTREMELY FLEXIBLE
1205.....PLAIN CATGUT.....	1405
1225.....10-DAY CHROMIC.....	1425
1245.....20-DAY CHROMIC.....	1445
1285.....40-DAY CHROMIC.....	1485

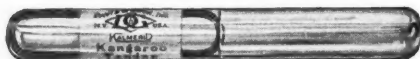
Sizes: 000..00..0..1..2..3..4

Approximately 60 inches in each tube

Package of 12 tubes of a size \$3.60

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GERMICIDAL, being impregnated with potassium-mercuric-iodide. †Chromicized to resist absorption in fascia or in tendon for approximately thirty days. The non-boilable grade is extremely flexible.

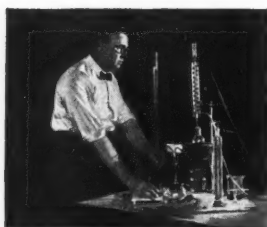


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370.....	NON-BOILABLE GRADE
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Sizes: 0..2..4..6..8..16..24

Each tube contains one tendon
Lengths vary from 12 to 20 inches

Package of 12 tubes of a size \$3.60



D&G Sutures are always found neutral under the most delicate titration tests. This is one of the reasons they uniformly behave well in the tissues.

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Kal-dermic Skin Sutures

"IDEAL FOR DERMA-CLOSURE"

NON-CAPILLARY, heat sterilized suture of unusual flexibility and strength. It is uniform in size, non-irritating, and of distinctive blue color. Boilable.



NO.	INCHES IN TUBE	DOZEN
550..WITHOUT NEEDLE.....	60.....	\$3.60
852..WITHOUT NEEDLE.....	20.....	1.80
954..With 1/2-CURVED NEEDLE...	20.....	3.00

Sizes: 000 (FINE) 00 (MEDIUM) 0 (COARSE)

In packages of 12 tubes of a kind and size

Kal-dermic Tension Sutures

IDENTICAL in all respects to Kal-dermic skin sutures but larger in size.

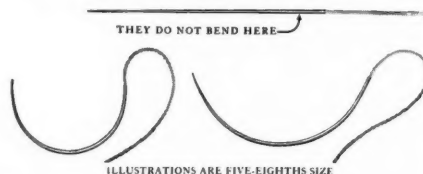
NO.	INCHES IN TUBE	DOZEN
555..WITHOUT NEEDLE.....	60.....	\$3.60

Sizes: 1 (FINE) 2 (MEDIUM) 3 (COARSE)

In packages of 12 tubes of a kind and size

Atraumatic Sutures

FOR GASTRO-INTESTINAL suturing and for all membranes where minimized suture trauma is desirable. Integrally affixed to 20-day Kalmerid catgut. Boilable.*



NO.	INCHES IN TUBE	DOZEN
1341..STRAIGHT NEEDLE.....	28.....	\$3.60
1342..TWO STRAIGHT NEEDLES...	36.....	4.20
1343..3/8-CIRCLE NEEDLE.....	28.....	4.20
1345..1/2-CIRCLE NEEDLE.....	28.....	4.20

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PRICE LIST FOR DOMINION OF CANADA *D&G Sutures*

Unabsorbable Sutures



NO.	INCHES IN TUBE	SIZES
350..CELLULOID-LINEN.....	60.....	000, 00, 0
360..HORSEHAIR.....	168.....	00
390..WHITE SILKWORM GUT..	84.....	00, 0, 1
400..BLACK SILKWORM GUT..	84.....	00, 0, 1
450..WHITE TWISTED SILK....	60.....	000 TO 3
460..BLACK TWISTED SILK....	60.....	000, 0, 2
480..WHITE BRAIDED SILK....	60.....	00, 0, 2, 4
490..BLACK BRAIDED SILK....	60.....	00, 1, 4

BOILABLE

Package of 12 tubes of a size. . . . \$3.60

Short Sutures for Minor Surgery



NO.	INCHES IN TUBE	SIZES
802..PLAIN KALMERID CATGUT..	20..00, 0, 1, 2, 3	
812..10-DAY KALMERID "	20..00, 0, 1, 2, 3	
822..20-DAY KALMERID "	20..00, 0, 1, 2, 3	
862..HORSEHAIR	56.....	00
872..WHITE SILKWORM GUT...	28.....	0
882..WHITE TWISTED SILK.....	20.....	000, 0, 2
892..UMBILICAL TAPE.....	24...1/8-IN. WIDE	

BOILABLE

Package of 12 tubes of a size. . . . \$1.80

Emergency Sutures with Needles

UNIVERSAL NEEDLE FOR SKIN, MUSCLE, OR TENDON



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904..PLAIN KALMERID CATGUT..	20..00, 0, 1, 2, 3	
914..10-DAY KALMERID "	20..00, 0, 1, 2, 3	
924..20-DAY KALMERID "	20..00, 0, 1, 2, 3	
964..HORSEHAIR.....	56.....	00
974..WHITE SILKWORM GUT...	28.....	0
984..WHITE TWISTED SILK.....	20.....	000, 0, 2

BOILABLE

Package of 12 tubes of a size. . . . \$3.00

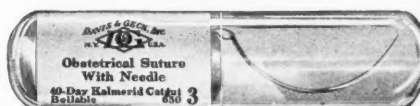
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FOR immediate repair of perineal lacerations. A 28-inch suture of 40-day Kalmerid germicidal catgut, size 3, threaded on a large full-curved needle. Boilable.*



No. 650. Package of 12 tubes. . . . \$4.20

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A 28-INCH suture of Kalmerid germicidal catgut, plain, size 00, threaded on a small full-curved needle. Boilable.*



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Universal Suture Sizes

All sutures are gauged by the standard catgut sizes as here shown

000	4
00	6
0	8
1	16
2	24
3	

*These tubes not only may be boiled but even may be autoclaved up to 30 pounds pressure, any number of times, without impairment of the sutures.

†Potassium-mercuric-iodide is the ideal bactericide for the preparation of germicidal sutures. It has a phenol coefficient of at least 1100; it is not precipitated by serum or other proteins; it is chemically stable—unlike iodine it does not break down under light and heat; it interferes in no way with the absorption of the sutures, and in the proportions used is free from irritating action on tissues.

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S U T U R E S I N A N C I E N T S U R G E R Y

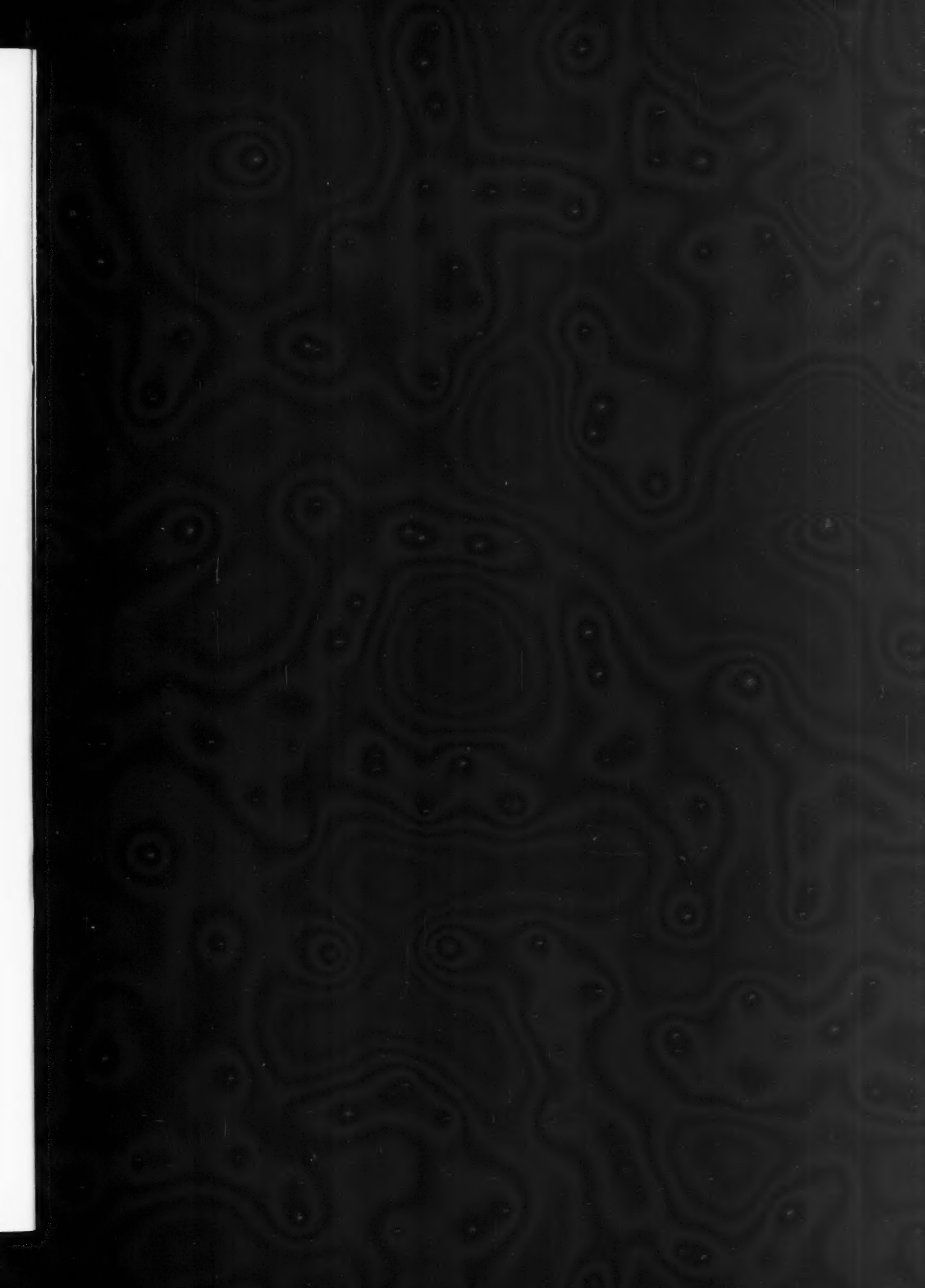


P IETRO D'ARGELLATA was a doctor of arts and medicine at Bologna and one of the foremost Italian surgeons of the early fifteenth century. He contributed greatly to surgical progress and after his death a memorial was erected in his honor. In 1410 he was chosen to embalm the body of Pope Alexander V. His work *De Chirurgiae, Libri VI* contains many interesting observations. D'Argellata was little inclined to operative interference but describes most of the usual operations including bone resection. He used sutures in the larger wounds with drainage tubes of perforated metal.

D & G Sutures

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Book Reviews

"FOOD ALLERGY," by Albert H. Rowe, M.S., M.D. Published by Lea & Febiger, Philadelphia. Price \$5.00.

The lack of practical working knowledge of food allergy renders this work especially valuable. There are sixteen chapters in all in Dr. Rowe's book, covering food allergy—its manifestation, diagnosis and treatment, with a general discussion of bronchial asthma. Because of the writer's extensive work on gastro intestinal food allergy, chapter four is of particular interest. Other chapters cover Allergic Migraine and Neuralgia, Skin Allergy, Allergic Toxemia, Hay Fever, Bladder Allergy and Food Allergy in Infancy. This subject, so treated by a pioneer in the field, is of intense interest and could be profitably read by specialists, physicians and dietitians.

* * *

"FOODS IN HEALTH AND DISEASE," by Lulu G. Graves, Consultant in Nutrition and Diet Therapy. Published by The Macmillan Company of New York and Toronto. Price \$4.20.

Not only will dietitians and student nurses find this a valuable dietetic work, comprehensive in scope and content, but it may be read with a marked degree of facility by the non-professional housewife, the business man or woman, the food producer or distributor as well. Its 390 pages cover practical points for workers in the field of dietetics and medicine, such as food preservation and food infections. In covering the dietetic value of numerous foods, those not so well known are included. Little attention has been paid to milk, the author explains, because so much has been written on this subject, but considerable attention, on the other hand, has been paid to cheese, on which comparatively little has been written. Readers will find that the author has classified and selected her material somewhat differently to many writers on dietetic subjects.

1931 Most Remarkable Health Year on Record

The February, 1932, statistical bulletin of the Metropolitan Life Insurance Company, whose millions of industrial policyholders in the United States and Canada constitute a reliable cross section of the wage earning population, reports a new minimum deathrate in 1930, and found 1931 to be "the most remarkable health year on record." This is attributed to health and welfare organizations which have succeeded in retarding the effects of unemployment and economic hardship upon health. Even the tuberculosis deathrate, which is usually the first to reflect hard times, has continued to decline. The Bulletin urges that any attempt to reduce public health budgets be met with firm resistance. "Let us maintain the public health service intact" is the keynote of the Bulletin's message.

WOODSTOCK, ONT.—A modern new laundry plant, costing approximately \$140,000, will soon be in operation at the Ontario Hospital. The building is 75 feet by 140 feet, and will contain the best equipment available.



MATTRESS ECONOMY

Its reasonable first cost, long life and ease of renovation at the end of a period of years, makes the Curled Hair Mattress a most economical investment. Thoroughly sterilized in the course of manufacture, the Curled Hair Mattress, throughout the many years of its life, may be re-sterilized from time to time as occasion justifies with ease and simplicity.

Sterilized Curled Hair

has no substitute as a mattress filler



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Made on a scientific formula to **dissolve** dirt instantly so as to save time and effort and

PRESERVE THE FINISH

Highly recommended as most economical for all cleaning, but especially for floors of

Tile
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Hospital Aid News

The Secretaries of the various Aids which comprise the Women's Hospital Aids' Association, are asked to remember that news notes for this column should be in the hands of the Secretary by the 15th of the month, preceding publication date. Address Mrs. F. C. Bodley at 55 Cline Ave., Hamilton, Ont.

"I expect to pass through life but once. If, therefore, there be any kindness I can show, or any good thing I can do to any fellow-being, let me do it now. Let me not defer or neglect it, for I shall not pass this way again."

* * *

DUNNVILLE.—The Provincial President visited Dunnville recently in response to an invitation from the Woman's Patriotic Society and the Board of Governors of Memorial Hospital, to address an open meeting, with a view to organizing a Women's Hospital Aid.

* * *

BRANTFORD.—We are pleased to note that a Hospital Committee has been formed within the Graham Bell Chapter, I.O.D.E., Brantford. This Chapter provided furnishings for four cubicles and a chart room in the Children's Wing and is responsible for the upkeep.

* * *

SARNIA.—The President and Secretary of the Provincial Association visited the Sarnia Hospital Aid on May the 26th and were guests at noonday luncheon of the local Hospital Aid and afterwards met the executive, to confer re matters pertaining to the annual meeting, October 5th and 6th. During the afternoon the Provincial President addressed a representative meeting of Hospital Aid members and guests.

Miss Ritchie, Superintendent, and a representation from Petrolia Aid, were among the guests present.

Sarnia Aid reports having had several very successful teas, the last one held realized over fifty dollars.

* * *

CHATHAM.—Members will be sincerely sorry to learn of the bereavement which has come to Mrs. James Baker of Chatham (former President of the Provincial Association) in the loss of her husband, who passed away in the Chatham General Hospital recently. We extend to Mrs. Baker profound sympathy.

The quarterly meeting of the Hospital Auxiliary to Victoria Hospital, London, is being held on June 21st. Mrs. O. W. Rhynas is to be the guest speaker.

* * *

MOUNT FOREST.—An interesting time was spent at the Louise Marshall Hospital, when three graduate nurses were presented with diplomas, and a silver tea set was presented to Miss R. J. Robinson in appreciation of her splendid services to the hospital as superintendent during the past five years.

Those present on the occasion were confined to the hospital staff, the town doctors, the members of the Hospital Board, the executive of the Ladies' Aid, and a few friends of the graduating nurses.

Mrs. D. Murphy, in behalf of the Women's Hospital Aid, in a nicely expressed speech, presented each graduate with a hypodermic syringe and thermometer as a testimonial of good will.

* * *

The officers and members of the Women's Hospital Aids Association wish to extend good wishes to Miss Mary Burcher, Editor of Canadian Hospital Magazine, who became the bride of Mr. Robert Miller Blair, on Saturday, June 11th.

Announcement of Annual Meeting Women's Hospital Aids Association Province of Ontario

Place of meeting: Sarnia, Ontario.

Date of meeting: Wednesday and Thursday, Oct. 5th-6th.

Meetings to be held in Y.W.C.A.

Rooms may be procured by delegates at one dollar per day. Please write early to the Corresponding Secretary of the Sarnia Aid and procure reservations. Address: Mrs. E. L. Kennedy, 417 Wellington St., Sarnia.

A complimentary banquet will be tendered the delegates by the Sarnia Hospital Aid, when an outstanding speaker will give an address. The Mayor, City Council, Board of Governors and representation from Petrolia Hospital will also be guests at this function.

A very interesting programme is being arranged for the Convention. Complete information will be sent to all Affiliated Aids at a later date.

It is imperative that your aid send in to the Sarnia Aid the names and number of delegates attending the Annual Meeting from your Society (at an early date).

Is your affiliation fee paid for this year? If not, please send to Mrs. G. W. Houston, 902 King St. East, Hamilton, Ontario. Do not send cheque as exchange has to be taken from fee.

Will you be kind enough to send to the Secretary, Mrs. F. C. Bodley, 55 Cline Ave., Westdale, Hamilton, any items of interest, re your Aid activities, so that they may appear in the Canadian Hospital Journal from time to time.

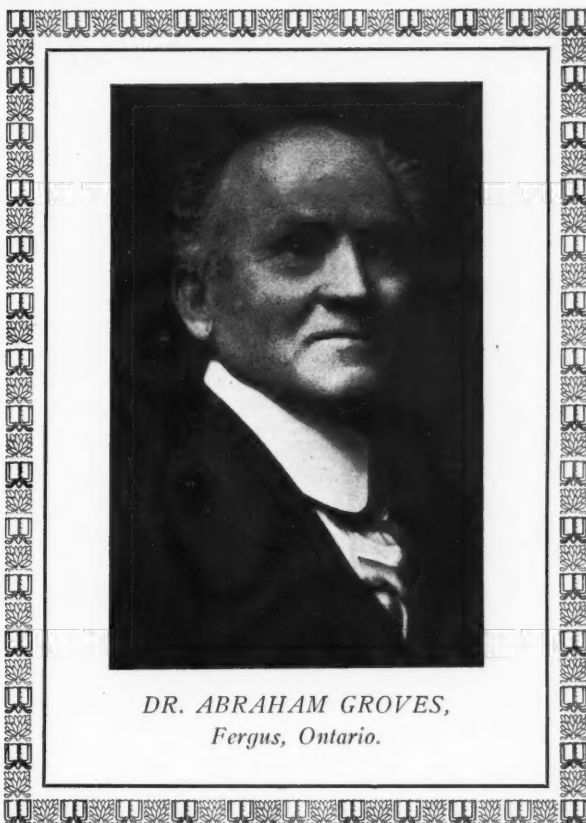
Do your part to make the Convention a success and by so doing advance the cause of Hospital Aid endeavour.

Internship Arranged for Graduates in Physiotherapy

(Continued from page 12)

out Canada. They carry out treatment only under doctors' orders, and are not permitted to advertise, except in recognized medical journals, nor to have signs outside their offices. Because of these rules, the members are entirely dependent on the loyalty and support of the hospitals and the medical profession.

Editor's Note: Hospital authorities interested in obtaining the services of a properly qualified Physiotherapist should communicate with Mr. Dunlop, Department of Extension, University of Toronto, or with the Educational Secretary of the Association, Mrs. W. H. Woodcock, 17 Unsworth Ave., Toronto.



DR. ABRAHAM GROVES,
Fergus, Ontario.

Dr. A. Groves Honored at Banquet

Doctors and legislators, farmers and citizens, men and women in high and low positions, to the number of half a thousand, gathered in Fergus, Ont., on June 3rd, to pay tribute to a man who has climaxed a life of help with a princely gift to the town he loves.

Dr. Abraham Groves, for 62 years a surgeon in Guelph, during which time he has brought ease to sufferers and renewed life to many upon whom the shadow of death rested, has made a world-wide reputation. He has gained more—the friendship, love and respect of his fellow-townsmen. On this occasion they were able to show it. Dr. Groves reciprocated with the gift to the town of the title deeds of the hospital he founded 30 years ago.

The "Old Doctor"—the title is one of respect—whose hand was always firm when it directed the knife, held the title deeds in shaking fingers as he rose to respond to the praise of preceding speakers at the banquet. His voice shook as he replied. But, as he presented the deeds to Reeve W. L. Ham his hand steadied—again he was doing a great act of service, and again he was equal to it.

"I only hope this hospital will fulfil the tasks to which it is dedicated," he said, "that it will carry on when I am gone." He was assured that it would, that the child of his heart and hand would always be run in the way he would wish, and in the way he had shown.

One change, however, will be made immediately. The name of "Royal Alexandra" will be replaced, and the in-

(Continued on page 34)

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Dietetic Courses for Student Nurses

By KATHLEEN C. BURNS.

Chief Dietitian, Hospital for Sick Children, Toronto

FROM the recently published "Survey of Nursing Education in Canada," conducted by Professor G. M. Weir of the Department of Education, University of British Columbia, it seems to be the consensus of opinion—gathered from extensive questionnaires to student nurses and graduates in the respective fields of institutional, public health and private duty, as well as from superintendents of training schools and doctors—that there should be more emphasis placed on the teaching of scientific dietetics in the nursing curriculum.

At present the curricula in force suggest minimum courses in the various subjects. In Ontario the minimum curriculum for dietetics is given as 12 hours theory and 12 hours practical, with one month in the diet kitchen. Even this brief allotment of time is frequently more honoured in the breach than in the observance. Certain superintendents of smaller hospitals advised those conducting the Survey that their students received six months training in dietetics during their 3 year course. Responses from the students, however, elicited the information that they received practically no instruction in *scientific dietetics*, but spent their time largely in the capacity of cook's as-

sistants and kitchen maids. While such training may be of economic value to the hospitals concerned, it is a travesty on the teaching of dietetics.

However, while the 12 hours theory and 12 hours practical with one month in the diet kitchen is given as a minimum requirement, it is always urged that a more generous allotment of time be allowed. From a report of the Superior of Nursing Education in this province (Ontario), it seems that the larger approved hospitals have realized this need. The following is the average number of hours devoted by these hospitals to dietetics:

Laboratory—24 to 30 periods.

Lecture—Average 28 periods, with some as high as 56 periods.

Diet Kitchens—6 weeks average, with some as high as 8 to 10 weeks.

The optimum reaches of this report are modified by the fact that schools which give 56 hours of dietetic lectures have no laboratory courses, and similarly those with longer periods in diet kitchens are using this to compensate for practical laboratory periods.

For smaller schools of nursing there has been put forward the suggestion that a Travelling Instructor in Dietetics be provided. This would be only a palliative and not really fill the need, as the practise of dietetics should be inculcated in the daily routine and not given as a concentrated course that is "crammed" and then forgotten. Since dietetics is rated by competent nurses and doctors as one of the fundamental courses in modern nursing education, it should not be necessary for the approved hospital to rely on travelling instructors nor hospital affiliation as a means of furnishing instruction on this subject.

It has been suggested that the nursing curriculum be classified according to subjects as Constants or Fundamentals, and Borderline Courses, Electives or Variables. Dietetics of course come under the head of Constants. Professor Weir recommends at least 30 hours of theory to be given, as follows: 20 hours in the first year and 10 hours in the second year, together with 60 hours of practical work spread over the three years of training.

In order to more nearly standardize the curriculum, a Nursing Matriculation of four years, comparable to University Matriculation, has been suggested as a possible solution of the problem. In connection with dietetics it is suggested that a first course be given, consisting of five periods a week in the first or second years, and a second course of the same length in the second or third years, Nutrition to be discussed along with other pertinent subjects under a general course in Health and Physical Education of three periods a week over the four years of the Matriculation course.

To this I would add a definite course in practical cookery as a prerequisite to nurse training. Too often we

(Continued on page 26)



MISS KATHLEEN C. BURNS, B.A.,
Chief Dietitian, Hospital for Sick Children,
Toronto, and President of the Ontario Dietetic
Association, 1932-1933.

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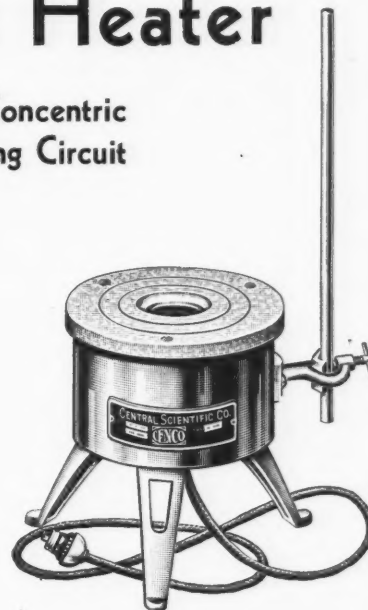
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Height of top from table, $6\frac{1}{4}$ inches.
Length of aluminum rod, 12 inches.
Diameter of smallest heater opening, $1\frac{1}{4}$ inches.
Distance from center of opening to rod, $4\frac{1}{2}$ inches.
Wattage consumption, 250 watts.

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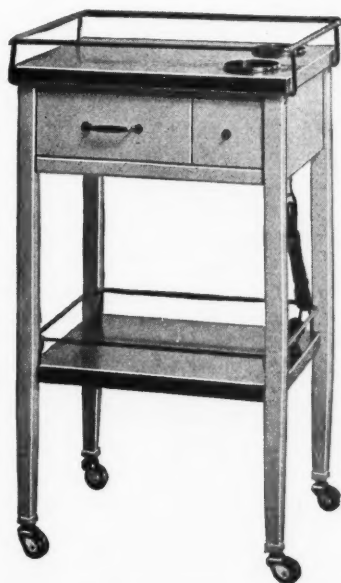


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St. Joseph's Hospital - - - -	London	Women's College Hospital - - - -	Toronto
St. Joseph's Hospital - - - -	Peterborough	Yarmouth General Hospital - - - -	Yarmouth, N.S.
		St. Mary's Hospital - - - -	Inverness, N.S.

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MONTREAL

Dietetic Courses for Student Nurses

(Continued from page 24)

find that our students have not the slightest idea of the fundamentals of cookery. As a result, much of the allotted time must needs be spent in this preliminary instruction. These prerequisite courses would enable the hospital dietitian to concentrate on the preparation of diets and the successful service of them to patients, which is after all the criterion of the effectiveness of the course. In this connection I might cite a recent article in the Journal of the American Dietetic Association in which a doctor criticizes dietitians in general for not being sufficiently successful in their practical contacts with patients.

It has been felt that more emphasis should be placed on the instructing of nurses in such factors as the preparation of attractive trays, the simpler foods for use in poorer households, the improvising of attractive and palatable meals, and the teaching of simple food values to patients. *Too many hospital superintendents harbour the mistaken idea that cookery in the kitchen is equivalent to instruction in scientific dietetics.* Analysis of modern trends in nursing schools reveals that about 70 per cent more emphasis should be placed on teaching *scientific dietetics*.

Not only should we scrutinize the curriculum and Matriculation requirements of nursing schools, but also the qualifications for dietitians undertaking these teaching duties. In smaller hospitals the dietitian too often shoulders the entire responsibility for the administration of her department, instructs patients in diet therapy and sandwiches in as best she can the teaching of normal nutrition, laboratory courses and diet therapy to the student nurses. We should realize that these latter duties require special training and education in order to meet the modern, changing and increasing demands of the best educational methods.

To summarize, I feel that when the call comes to members of this Association (The Ontario Dietetic Association) from the training schools for greater emphasis to be placed on the teaching of scientific dietetics that we should be prepared to meet the challenge, and be able to provide competent dietitians with adequate teacher training and experience to meet these requirements in the education, both theoretical and practical, of the student nurse.

**Marvin A. Young Appointed Sales Manager
for J. & J. Cash Inc., Belleville**

A change of interest to the trade has recently been made in the personnel of this old established company, with Canadian factory at Belleville and sales offices in Toronto and Montreal. Mr. Young has been with the Company for more than 7 years, going through the different departments, and combining with his knowledge of this industry, that of drafting and designing, a particularly valuable adjunct to the more technical side of the business. The company of course are manufacturers of woven names, labels, badges, etc., the parent company being in Coventry, England. More than 40 years ago, the present North American President, Mr. Frank Goodchild, came over here as a very young man to establish their interests in the United States and Canada.

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Dr. Baragar Suggests Combined Training Courses for Graduate Nurses

Speaking at the Convention of the Alberta Association of Registered Nurses, Dr. P. B. Baragar, Provincial Psychiatrist for the Province of Alberta, suggested a combined training course for graduate nurses which would include as well as general hospital work a considerable amount of training in mental hospital work. He believes this to be the solution to the mental health problem facing the province. Dr. Baragar believes that the mental hospital nurse needs general training plus tact and good judgment to the 'nth degree, because the surrounding personalities at the hospital are the "splints" upon which depend considerably the improvement of patients' conditions.

Nurses' Record From a Medical-Legal Viewpoint

Writing on the subject of nurses' records from the medical-legal viewpoint in the April, 1932, issue of "Western Hospital Review," Silas A. Lewis makes the following remarks:

"I heard an architect describing his recent study of ancient architecture. The point which interested me most was his description of Gothic columns, in which he stated that many he examined did not reach entirely to the roof, falling short of being a support by an inch or more. Here we have a simile with our nurses' records. These massive columns standing in their grandeur erected by the Ancients, fall short of their actual purpose in that they do not really support. May we turn this picture to the nurses' notes so beautifully compiled, yet falling short of actual support in the essentials of the patients' records."

Rockefeller Foundation Gives Generous Grant to McGill University

The Rockefeller Foundation has granted \$1,232,652 to McGill University for the establishment of a neurological institute. With this grant and with the co-operation of the provincial and civic authorities, in addition to the \$150,000 pledged by friends of the University and members of the Governing Board, plans are under way to develop at the University a neurological centre second to none.

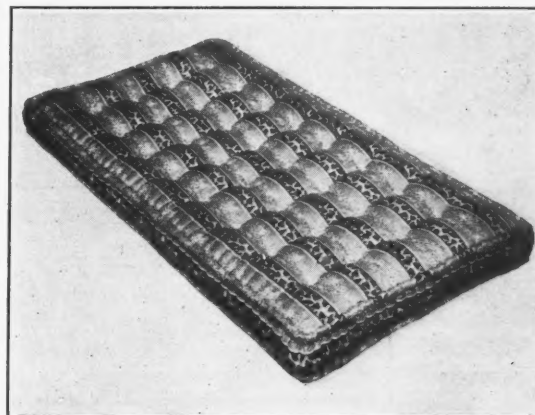
A new building, specially equipped for research in neurology, neuro-surgery and the physiology and pathology of the nervous system, will be constructed.

Dr. Wilder G. Penfield, one of the outstanding neurologists on the continent, who has been associated with McGill University for the past five years, will be at the head of the institute.

Ontario Medical Association Appoints Advisory Body to Ontario Cancer Commission

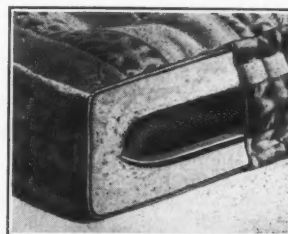
The Board of Directors of the Ontario Medical Association have appointed a committee of eight to act in an advisory capacity to the Ontario Cancer Commission. The committee is composed of the following members:

Dr. Warren Lyman, Ottawa, chairman; Dr. G. S. Cameron, Peterboro; Dr. H. H. Wookey, Toronto; Dr. G. A. Ramsay, London; Dr. L. J. Austin, Kingston; Dr. E. P. Secord, Brantford; Dr. J. K. McGregor, Hamilton; and Dr. T. C. Routley, Toronto.



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News of Hospitals and Staffs

*A Condensed Monthly Summary of Hospital Activities,
and Personal News of Hospital Workers*

BRIDGEWATER, N.S.—Mrs. R. P. Dalgleish, president of the Ladies' Aid of the Dawson Memorial Hospital, has advised us that their celebration of National Hospital Day was an outstanding success. The hospital was recently redecorated, the operating suite renovated, and new X-Ray and laundry equipment installed. Mrs. Margaret Balkner, the capable superintendent, and her staff received the visitors.

CHARLOTTETOWN, P.E.I.—Plans have been approved for the construction of the new Prince Edward Island Hospital. There will be ninety-four patient beds besides the necessary accommodation for nurses. Messrs. Govan and Ferguson, Toronto, are the architects.

* * *

FREDERICTON, N.B.—Dr. J. M. Cameron, of Tavistock, Ont., has been appointed tuberculosis diagnostician for the southern portion of New Brunswick by the provincial government.

The new official is a graduate in medicine of McGill University, and has specialized in public health work. He is expected to take up his new duties about July 1.

* * *

GALT, ONT.—Miss Aubrey Cleaver, of Burlington, has been appointed Superintendent of the Galt Hospital. Miss Cleaver has been in charge of Red Cross hospitals in Dryden and New Liskeard, in New Ontario, which work she gave up to take a special course in hospital administration at the University of Toronto, which she has just completed.

* * *

LACHINE, QUE.—Radiographic apparatus will be installed in the St. Joseph Hospital at Lachine by the Provincial Government for use in the anti-tuberculosis clinic, on the recommendation of Dr. Alphonse Lessard, director of the Provincial Board of Health, and at the request of Dr. Sylvio Roach, head of the Lachine Board of Health.

* * *

LONDON, ONT.—Dr. J. Cameron Wilson, M.P.P. for South London, has been appointed to the post of consulting surgeon at Westminster Hospital, succeeding the late Dr. Hadley Williams. Dr. Wilson will retire from politics and devote his time entirely to the practice of his profession.

* * *

LONDON, ONT.—A contract has been awarded for the construction of a Protestant chapel at Queen Alexandra Sanatorium, Byron. The tender calls for the construction of a building of brick and stucco with stone trimmings. The chapel is the gift of the Ladies' Sanatorium Aid.

* * *

MONCTON, N.B.—Dr. P. McL. Atkinson was appointed senior surgeon at the Moncton City Hospital, succeeding the late Dr. W. P. Kirby, who held that position for several years previous to his sudden death recently. Dr. Atkinson's appointment comes in the way of a promotion, as he has been junior surgeon at the hospital for several years. The appointment of junior surgeon was not made.

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OSHAWA, ONT.—Announcement has been made of the appointment of Dr. P. T. Howell as head of the X-Ray, Physiotherapy and Pathological departments of the Oshawa General Hospital.

Dr. Howell graduated from the University of Toronto in 1928. In 1928 and 1929 he was on the staff of the St. Michael's Hospital, Toronto, as an intern, and the next two years were spent in post-graduate studies in radiology at the Toronto General Hospital, under Dr. Richards and his associates, receiving his degree of Doctor of Radiology this year.

* * *

OTTAWA, ONT.—One of the city's largest centres of medical practice, Misericordia General Hospital, has been sold to the Grey Nuns of the Holy Cross.

Already operating the Ottawa General Hospital, Water Street, which has been enlarged in recent years, the Grey Nuns are understood to have decided to close Misericordia (or St. Mary's Hospital, as it is better known) as a general hospital, and to convert it into a home for incurables.

* * *

PRINCE RUPERT, B.C.—Dr. George E. Darby, medical superintendent of the Bella Bella Hospital, reopened the Rivers Inlet Hospital as usual this season on June 1. Dr. E. Austin of Vancouver will be in charge at Bella Bella during Dr. Darby's absence.

* * *

REGINA, SASK.—Additional financial assistance to government-aided hospitals and to physicians for care of patients in drought area A for the months of June, July and August, has been announced by C. B. Daniel, general manager of the Saskatchewan relief commission. The first payments on these increased grants will be made July 1.

Grants to hospitals have been increased from 50 to 75 cents a day and a maximum grant to physicians of \$50 a month for transportation costs and emergency medicines will be allowed during the three months.

The additional assistance, which will be administered on the same basis as that granted for the five-month period subsequent to November 16, 1931, is the result of frequent conferences between the executive of the Saskatchewan Hospital Association and Hon. F. D. Munroe, minister of public health.

* * *

SAINT JOHN, N.B.—The Saint John General Hospital recently opened a physiotherapy department, which will be under the direction of Dr. W. F. Roberts. The new department has all the latest equipment and is conveniently placed on the second floor of the hospital. Seven treatment cubicles with adjoining dressing rooms, the director's office and a cubicle for massage treatment, a prettily furnished waiting room, and a convenient utility room comprise the physiotherapy suite.

In each of the cubicles there is an adjustable bed. The special equipment in the various cubicles includes ultra violet light, air cooled and water cooled; high frequency machines for diathermy, vibration machines, low frequency machines, and apparatus for water treatment.

(Continued on page 33)

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The Women's Hospital Auxiliaries of British Columbia

By ANNIE C. WILKES,
Convener of Hospital Auxiliaries for British Columbia

THE following outline of the work of the Hospital Auxiliaries of British Columbia is taken from the yearly reports of those who are affiliated with the British Columbia Hospitals Association, which body meets annually in different parts of the Province. These Auxiliaries send delegates every year and the committee in charge of the programme for the Convention assigns one session for the discussion and deliberations of Auxiliary Affairs.

At the last Convention, held in Victoria on Sept. 9th, 10th and 11th, 1931, the discussion took the form of a "Round Table Conference," which proved most interesting. All the delegates to the Convention were present, and many of them took part in the discussion, thereby giving valuable advice on the many problems confronting Women's Auxiliaries, such as raising funds, social service, buying supplies, sewing, etc. One of the questions on the programme—"What real Benefit is an Auxiliary to a Hospital?" was answered as follows:—"It has been stated by our hospital that the Women's Auxiliary is the soul of the hospital." We aim to help the Directors in every way

possible. Another answer was—"The chief use of Hospital Auxiliaries is the creating of a real interest in the hospital throughout the community. The amount of money they earn and the things they give to help the hospital are all valuable, but each woman member is a very active unit towards propagating a knowledge of hospital affairs and interest, and certainly in the rural districts this is most true. Many directors have said they could not carry on without the aid of their Women's Auxiliaries.

Most of the Auxiliaries do Social Service work for their hospitals. And in the large centres this is very necessary and charitable, for all hospitals have their poor patients and the members of Auxiliaries find much to do for this class of patient, especially after discharge from the hospital and during convalescence, such as visiting the home, taking little dainties, helping the other members of the family, particularly when the patient is the mother of a family.

Of course the principal work of the Auxiliaries is the raising of funds to help their hospitals. It is also their

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greatest problem. In most cities and towns in British Columbia they have an annual tag day, but the last two or three years the collections on these days have fallen off very considerably, and in Vancouver where the largest hospitals are situated, the tag days are no longer allowed. So the Auxiliaries have had to find other ways of raising money. Some of them find that the best means is through membership fees. If the membership is large this is very good. They also have Silver Teas, Bridges and Bazaars. The General Hospital in Vancouver has a large Auxiliary doing splendid work in the way of raising money, sewing, providing little comforts for patients, and Social Service. The Jubilee Hospital in Victoria has a tag day. They also have a Junior Auxiliary which gives much assistance, especially in organizing entertainments, such as dances and concerts. They also do a large amount of sewing every year, and in this way save a lot of money for their hospital.

St. Joseph's Hospital, Victoria, also has a tag day, and meets every week for sewing. They also have a Junior Auxiliary which helps the Senior organization in every way. They also reclaim gauze for secondary use, thereby effecting a great saving.

St. Paul's Hospital Auxiliary, Vancouver, is a very active one. They meet every week for sewing, reclaiming gauze and making plans for raising funds, which consists of collections, bridges, concerts, and so forth. Last year they furnished a four-bed semi-private ward in the new wing of the hospital at a cost of eight hundred dollars. They also bought a Pneumonia Tent, costing five hundred dollars, and a new bed and lamp for the case room in the Maternity Ward in the new wing. In all the members made 2,533 articles, consisting of sheets, towels, pillow-slips, surgical gowns, infants' gowns and pneumonia jackets.

Some of the smaller hospital Auxiliaries are really inspiring in the wonderful work they do, especially in the scattered rural districts and in the northern part of the province. The hospital at Mission usually has a successful fête on Empire Day (May 24th), and on Armistice Day they have a Bazaar and a sale of poppies which swells their funds considerably. The President of the Auxiliary is a member of the Hospital Board, and also of the House Committee, thus making a strong link between the Board of Directors and the Auxiliary.

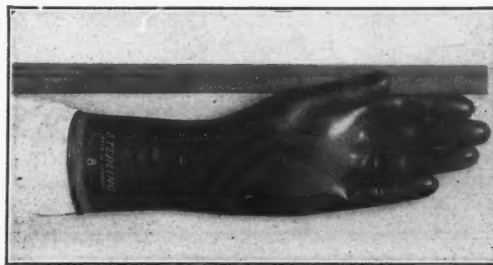
The Auxiliary of the King's Daughters' Hospital, Duncan, is a very energetic band of women in a rural community, meeting in one another's homes each week for sewing, taking their hand machines with them and accomplishing much work for their hospital.

The Chilliwack Hospital Women's Auxiliary is affiliated with ten Women's Institutes in the Chilliwack Valley, five of whom pay \$25.00 a year for the upkeep of their wards, and send showers of fruit and help with the sewing. The Firemen donate the proceeds of their Annual Ball. They have an Anniversary Tea and an Empire Day Fête every year.

The North Vancouver Hospital Women's Auxiliary supplies and makes all the linen required by the hospital. A five-bed Women's Ward has been completely furnished by the Auxiliary. They attribute much of their success to the enthusiasm which is evinced financially by the dif-

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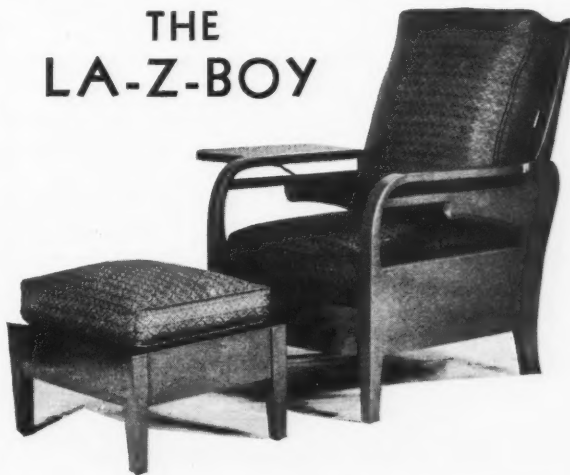
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ferent public bodies, fraternal societies, business firms, and private citizens towards helping in the work.

The Women's Auxiliary of St. Joseph's Hospital, Comox, has a paid-up membership of thirty-four. They have a tag day, an annual dance, a garden fête and a bazaar.

The Matsqui-Sumas-Abbotsford Hospital Women's Auxiliary have a membership of fifty. They have the usual means of raising funds, such as dances and teas, and are a very material help to their hospital.

The Nanaimo General Hospital Women's Auxiliary is a very active, energetic body of women, meeting regularly and doing excellent work for their hospital. One activity they have which brings in very good returns is the collecting and making of holly and fir wreaths, which are sold for the Christmas trade. They also have a tag day and garden party, which are usually very successful.

The Chemainus General Hospital Women's Auxiliary is another band of women in a rural district which seems to find much pleasure and satisfaction in helping their hospital, not only by material aid, but by visiting and Social Service. Their principal activities consist of an annual ball, garden fête, bridge parties and a Sunshine Fund.

The Women's Auxiliary of the Royal Inland Hospital, Kamloops, is one of the oldest in the Province, having been formed in 1887. It had an original membership of eight. They are still flourishing and carrying on their good work. They now have a membership of eighty-five. This group holds an annual tag day, dance, linen shower, home cooking sale and bridge party. They receive the hearty co-operation of the different Fraternal Societies and Service Clubs of this important railroad town.

In summarizing the work of the Women's Hospital Auxiliaries of B.C. it would seem that the chief motive in the minds of these ladies is "Philanthropy"—the twin sister of Charity—which is defined as the disposition or active effort to promote the happiness and well-being of one's fellow-man, especially the sick and helpless ones. And these unselfish, loving women who devote so much of their time to help their less fortunate neighbours, are surely doing much for their different communities, if only by their loyalty and perseverance in their work. "Just for to-day," might be the motto of hundreds of societies throughout the country, composed of members banded together to make the world better through constant, simple acts of kindness, and happiness must surely come to them, in its highest form, *not because they would seek to absorb it, but because they seek to radiate it.*

Selects Hospital for Award of Merit

One of the signs of the times that is particularly interesting to our hospitals is the action of the Kiwanis Club of a prominent Indiana city, which, in reviewing those agencies or individuals of their city in the past year, selected a hospital as the recipient of its "Award of Merit."

This award was presented by the Kiwanis Club of Elwood, Indiana, to Mercy Hospital in that city, which is owned and operated by the Sisters of St. Joseph, in recognition of "outstanding welfare service to the community."—From the April, 1932, Bulletin of the American Hospital Association.

Please refer to *THE CANADIAN HOSPITAL* when writing

News of Hospitals and Staffs

(Continued from page 29)

TORONTO.—The Canadian Mothercraft Society, at its first annual meeting, held in May, at the home of Mrs. E. C. Bogart, passed a resolution empowering the directors to apply to the Lieutenant-Governor-in-Council for permission to carry on a hospital and training school for nurses under the direct jurisdiction of the society.

This action followed the announcement of the president, Mrs. Irving Robertson, that the Hospital for Sick Children was separating Mothercraft work from the activity of the hospital, and that the society must itself carry on the work of the Mothercraft Centre on Wellesley St., formerly conducted by the hospital.

* * *

TORONTO.—A nine-storey addition to the Nurses' Residence at St. Michael's Hospital, which will cost \$75,000, is planned for the vacant parcel of land adjacent to the existing home at the south-east corner of Victoria and Shuter Sts. Work on the excavation is already under way, and construction will start in the near future.

* * *

TORONTO.—Dr. William B. Hendry, of Toronto, was chosen as vice-president of the American Gynecological Society at its fifty-seventh annual meeting, held in Quebec early in June. This marked the first occasion on which their convention was held outside the United States.

* * *

TORONTO.—Medical men gathered in Toronto for five days commencing June 20th, for the 63rd annual meeting of the Canadian Medical Association.

On June 20th the association installed Dr. A. Primrose, Toronto, as new president, after listening to the valedictory of Dr. A. S. Munroe, Vancouver, retiring president.

On June 22 Sir Arthur Currie, president of McGill University, Montreal, was guest speaker at a luncheon, and in the evening Dr. Francis L. Packard, Philadelphia, delivered the Osler oration.

Sir Robert Falconer, retiring president of the University of Toronto, was speaker at a luncheon on June 23rd.

* * *

VERDUN, QUE.—The Verdun Protestant Hospital will be the scene of new fields of research work shortly in the treatment of mild cases of mental aberration with a particular study of the psycho-analytic methods of Freud, Jung and Adler, according to Dr. George Reed, senior physician. Dr. Reed, who has just returned from London, where he spent the past eight months at Queen Square Hospital studying advanced theories of psychiatry, has undertaken plans for the proposed work which follows recent re-organization at the hospital here.

* * *

WILKIE, SASK.—Miss F. Swainson has resigned as superintendent of the Wilkie Union Hospital. Miss Swainson, who held the position for the past three years, will relinquish her duties on July 15th.

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WINNIPEG.—Dr. May Whittaker, who for the past seven years has had charge of the Maternity Hospital of the Salvation Army in this city, will go on furlough, after which she will take up some other work in connection with the Salvation Army.

American College of Physicians Will Hold 1933 Convention in Montreal

The American College of Physicians will hold their 1933 Convention in Montreal. To Dr. J. C. Meakins of the Royal Victoria Hospital and McGill University is given the credit for having presented the invitation in such a manner as won the acceptance of this important medical body.

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OBITUARY

Sister de Sales

Sister de Sales, who had been with St. Michael's Hospital, Toronto, since it began operation forty years ago as a general hospital, is dead. Before that she was a teacher in the Order of St. Joseph, but by nature this clever woman was ordained to be a comforter of afflicted humanity.

She became the ideal nurse. Her first experience with suffering came in the old Isolation Hospital, where the most malignant maladies had no terrors for her. For forty years, by day and by night, Sister de Sales visited the wards in St. Michael's, and always her coming was as a benediction to the patients. She acquired a marvellous knowledge of medicine, and her advice was sought by many a skilled physician.

Day after day patients came under the spell of this frail little woman, who seemed never to weary of well doing. Ever cheerful, and with a delightful and gentle Irish humor, Sister de Sales brought smiles to many an anguished countenance, and her passing from one bedside to another was as the visit of an angel of mercy. In her death the nursing profession has lost one of its brightest stars.

The Ontario Conference of the Catholic Hospital Association Holds Its First Convention

(Continued from page 13)

accurate financial reports, with a consequent better understanding of hospital needs by the governments, both provincial and civic.

In concluding this account of the first annual convention of the Ontario Conference of the Catholic Hospital Association some word of praise must be said for the splendid work of Sister Josaphat, whose indefatigable efforts to improve the lot of Ontario hospitals are noteworthy. A comment on the masterful manner in which Sister Madeleine of Jesus handled the sessions is also in order.

Those interested in the work of Ontario's Catholic hospitals will have ample opportunity of keeping in touch with activities through this Journal, for the secretary-treasurer of the Conference, Sister M. Margaret, has asked permission to publish matters concerning the activities of the Conference in "The Canadian Hospital Journal" from time to time.

Dr. A. Groves Honored at Banquet

(Continued from page 23)

stitution in future known as the "Groves Memorial Hospital."

Physicians and laymen united in praise of the aged donor. "There is not a man in our profession to-day who deserves greater praise and tribute than Dr. Abraham Groves, declared Dr. A. L. Lockwood, chief of the Lockwood clinic of Toronto. "He has done a generous act; a marvellous, a gallant act. It will live in the memories

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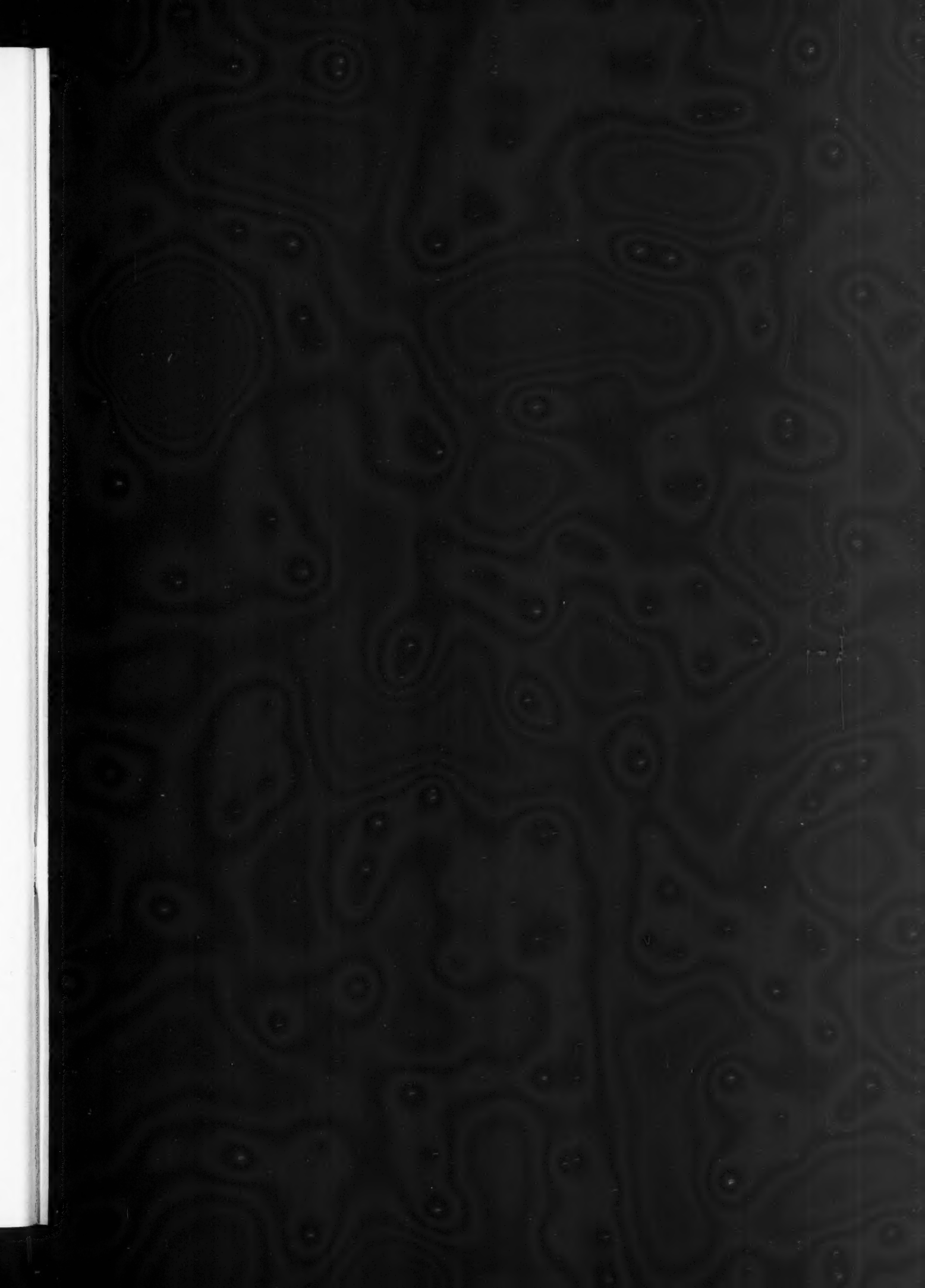
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of those persons who will recall him years from now." Thus the Hon. Hugh Guthrie, Minister of Justice of the Dominion, who came from Ottawa to add his praise.

Others were Dr. F. N. G. Starr; Dr. George McQuibban, M.P.P.; Dr. J. K. Blair, M.P.; D. Paul Munro, M.P.P. Special tribute was paid the doctor for his leadership in antiseptic research. He had led in sterilizing surgical instruments.

The gift of the hospital was accepted by Reeve Ham, who declared the town would always remember the debt it owed the "Old Doctor."



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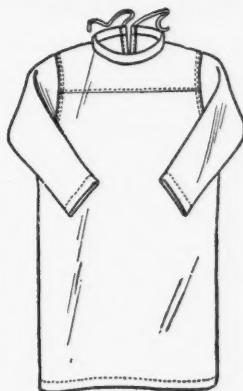
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56	Bleached Marble Head	11.00

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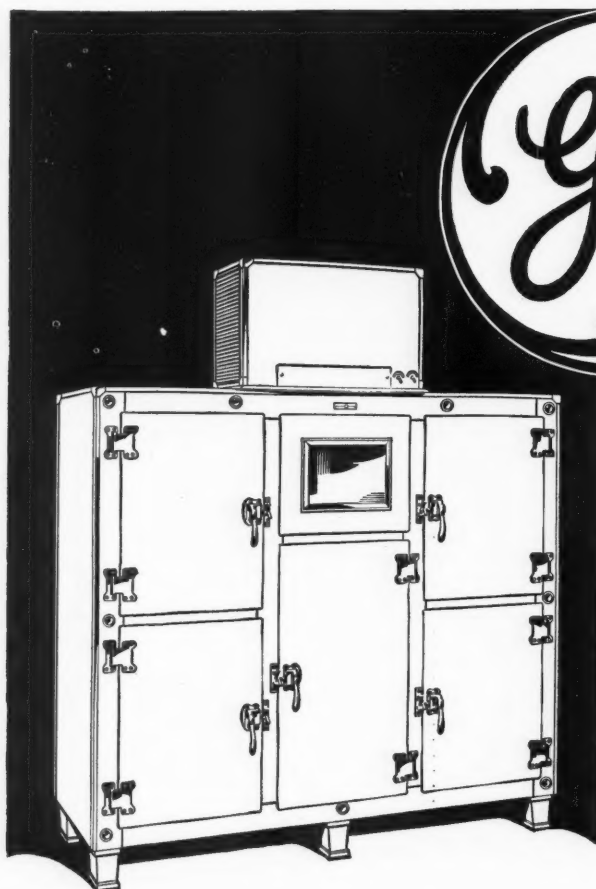
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